



Brothers and Sisters

Name

Age

School/Grade

Name	Age	School/Grade

List any relatives who have attended Trinity Catholic High School, Central Catholic High School, St. Mary's High School, or Stamford Catholic High School

PARENT/GUARDIAN (Please complete)

Please indicate below if your child has any special academic needs, an active Individualized Educational Plan (IEP), 504 Plan, or service plan. This information will assist in building a program which will ensure your student's academic success.

Does your child have any special needs or medical history that might interfere with your child participating in any classes or in any athletic program?

What is the primary language spoken at home?

Signature of parent or guardian

Date

Signature of student

Date

Please send the completed application and the \$50.00 non-refundable application fee to:

Trinity Catholic High School
Admissions Office
926 Newfield Avenue
Stamford, CT 06905

